

Name
in
Full

Julia Morris

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	St. Georges		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age 47	Birthplace	St. Marys
Occupation	Domestic				
Married, Single or Widowed	Widowed		Where Residing if not at place of death		
Father's Name	Josiah Biscoe		Father's Birthplace	Md	
Mother's Maiden Name	Dont know		Mother's Birthplace	Md	
Name of person giving Information	Si Crown		How related to deceased	Friends	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Nephritis

120

How long

2 years

Immediate

Uremic poison

How long

One week

Are the name, age, sex, color, date and place correctly given above?

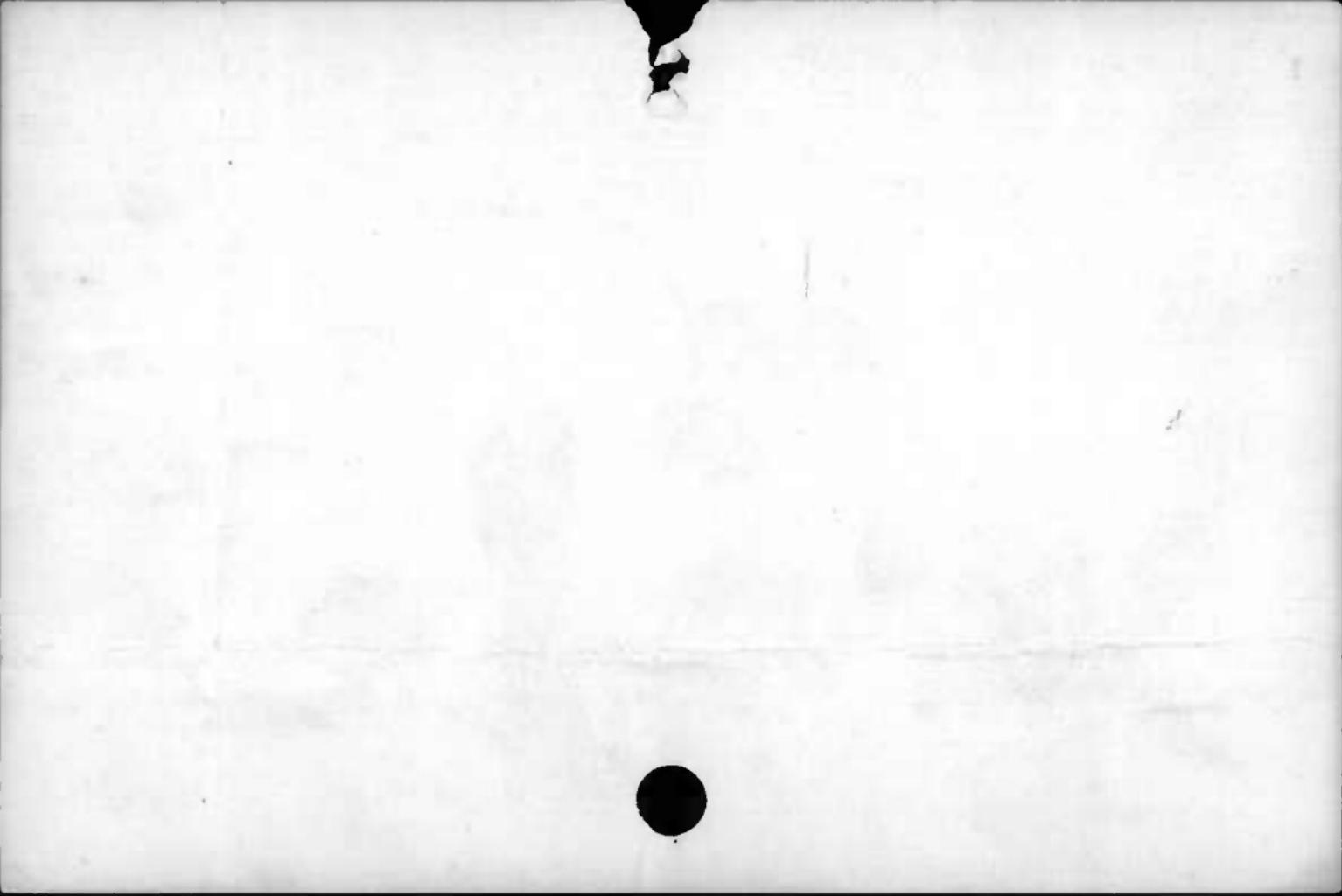
Signature of Physician

Address

J. H. Long

Ridge Rd
Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Mr Edward Pilkerton

CERTIFICATE OF DEATH

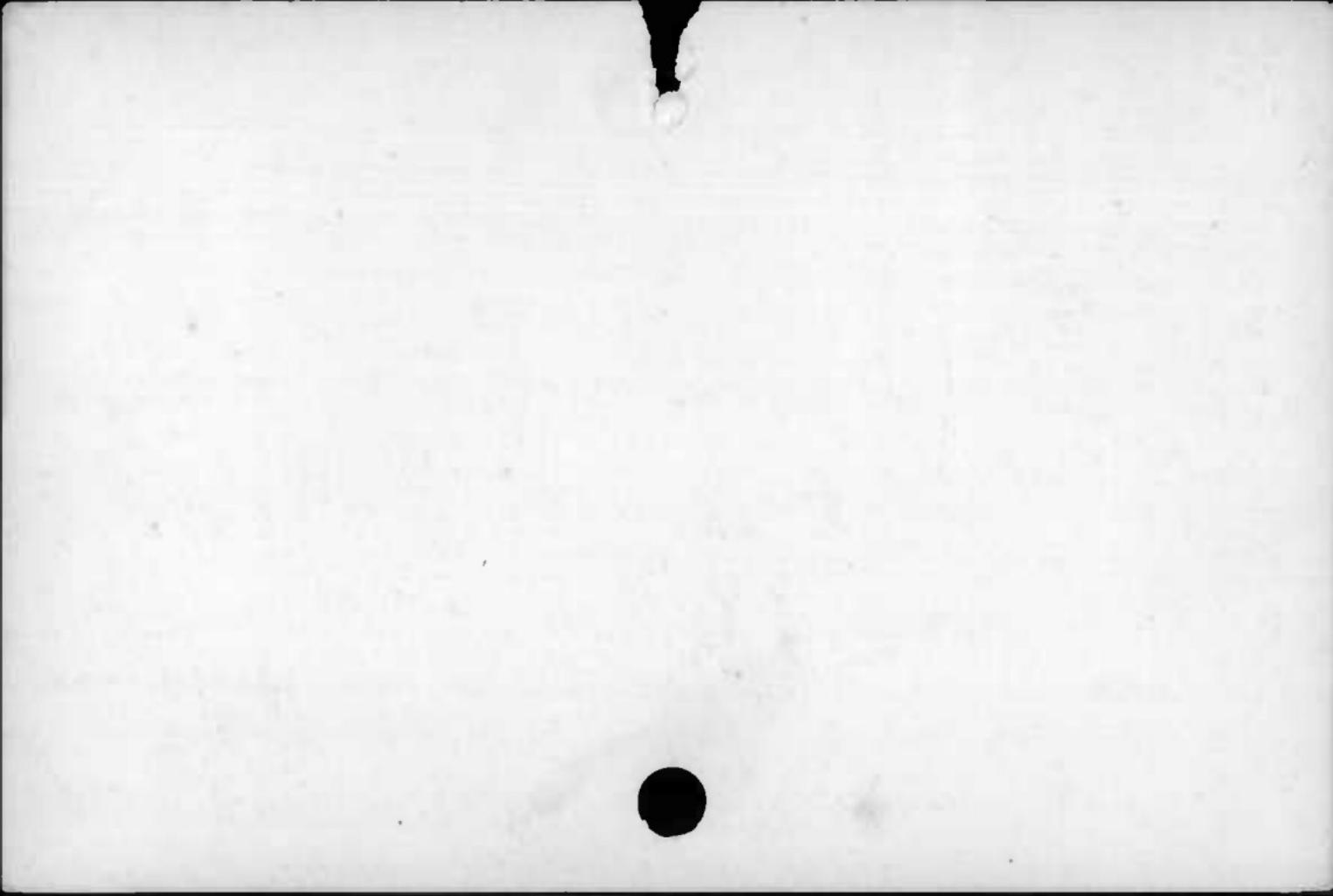
Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1908	July	6 th	23 -	-	-		
Sex	Male	Color or Race	White	Birth-place	St. Mary's Co.		
Occupation	Carpenter					Where Residing if not at place of death Mechanicsville	
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Mr. Pilkerton					Father's Birthplace St. Mary's Co.	
Mother's Maiden Name	Mary Farboe					Mother's Birthplace " " "	
Name of person giving Information	Thos. E. Pilkerton					How related to deceased Brother	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Inflammation of Scones	one week
Immediate	Hematemesis	three hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Zach R. Morgan
		Address Mechanicsville Md.
Accident or Suicide?		



Name
in
Full

Josias Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	St. Mary's	
Occupation	Where Residing if not at place of death			St. Mary's Co.		
Married, Single or Widowed	Name of Wife or Husband	Sophia Williams			Father's Birthplace	St. Mary's Co.
Father's Name	Dad Williams			Mother's Birthplace	"	"
Mother's Maiden Name	Don't Know			How related to deceased	Son	
Name of person giving information	Adrian Williams					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Bright's disease

How long

Three months

Immediate

Heart failure

How long

one hour

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Zach R. Morgan

Address

Mechanicsville

Md

Accident or Suicide?

